

Pelvic Health Webinar – Q&A

General Pelvic Health

Q: How can I improve my pelvic health after having a baby and in between pregnancies?

A: Everyone who is pregnant or postnatal will benefit from doing regular pelvic floor exercises, as described above. To maintain good pelvic health, it's important to stay hydrated, have a lower caffeine intake and reduce constipation. These things combined can help to prevent and treat symptoms of dysfunction, such as incontinence, pain and prolapse.

Q: What can cause cramps following a hysterectomy?

A: There could be many reasons for cramps after a hysterectomy. We would advise to seek help from your GP about this.

Q: Can my GP refer me to a pelvic physiotherapist?

A: Yes, absolutely! You can also be referred by practice nurses, health visitors and midwives.

Q: Can I improve my pelvic floor with fibroids?

A: Yes, you can still do pelvic floor exercises even if you have fibroids.

Q: Is an over-active bladder preventable and/or rectifiable through exercise?

A: Yes. Regular pelvic floor exercises combined with bladder retraining, reducing caffeine, good fluid intake can help to treat an overactive bladder.

Q: Can this help a man with prostate problems?

A: Yes. We recommend pelvic floor exercises to help with pelvic floor dysfunction for men with prostate problems. The POGP has a useful leaflet for men which can be found here

https://thepogp.co.uk/_userfiles/pages/files/resources/21xxxxpogppelvicfloormen_signed_off_1.pdf



Pelvic Floor Exercises

Q: What is best way of strengthening pelvic floor muscles?

A: Please use this link to pelvic floor exercises or scan the QR code.

https://thepogp.co.uk/Resources/115/pelvic_floor_muscle_exercises_for_women



In a comfortable lying or sitting position imagine that you are trying to stop yourself from passing wind and urine at the same time; drawing the pelvic floor muscles upwards and forwards from the back passage towards the bladder. You may feel a lifting up and tightening as your muscles contract.

Long squeezes - Tighten your pelvic floor muscles, hold them tight, then release and let them fully relax. Repeat the squeeze and hold until the pelvic floor muscles tire

Short squeezes - Quickly tighten your pelvic floor muscles, then immediately let them go again. Always let the muscles fully relax after each squeeze

Aim to be able to do 10 long squeezes, holding each squeeze for 10 seconds, followed by 10 short squeezes.

Build up your exercise routine gradually over the weeks and months. You should notice an improvement in 3 - 5 months and then keep practising your pelvic floor muscle exercises once a day to maintain the improvement.

As your muscles improve, aim to do your exercises in other positions such as standing up. Eventually you can practise using these muscles whilst doing activities such as walking and bending.

Q: How often do I need to do my pelvic floor exercises?

A: The research so far shows that to get the best results, exercises should be done 3 times a day until you are symptom free. After this point you can then do them once a day for life. The most important thing to remember is that you need to progress the exercises over time to make them harder. This is covered in the webinar. It takes time to build pelvic floor strength and endurance, so trying to keep a regular routine will be best.

Q: How do I know if I am doing my pelvic floor exercises right?

A: You should feel a lift and tighten of the muscles that connect your back passage to your front passage and around your vagina. If you are struggling to feel a contraction, try a different position and make sure to not hold your breath when doing them. If you are still struggling, you can speak to a GP or nurse for further support, they may wish to refer you to pelvic health physiotherapy.

Q: Are there pelvic floor exercises I can do without having to get down on the floor?

A: Yes absolutely! You can do the exercises in any position; sitting, standing, walking, lying in bed and even when trying to lift items.

Q: Do you recommend hypopressive exercises?

A: Currently there is not enough evidence to support hypopressive exercises for pelvic floor dysfunction. We do not currently recommend them.

Q: I've been doing pilates for 3 years and it doesn't seem to have helped, what else can I do?

A: Whilst pilates is a good way to keep fit, doing pilates alone is not the same as doing targeted pelvic floor exercises, especially as research states exercises should be done 3 times a day if you have symptoms. You can begin a routine of pelvic floor exercises and even speak to your GP/nurse if you would like to be referred to pelvic health physiotherapy.

Q: Can doing regular pelvic floor exercises stop the need for medication?

A: This is very much dependent on the symptoms you may have and what the medication is for. For most of the conditions in this webinar, pelvic floor exercises can help reduce symptoms. We cannot advise on specific medication in this webinar. Please speak to your GP to discuss this further if you would like support with medication or a referral to pelvic health physiotherapy.

Q: When I started doing regular pelvic floor exercises it made me need a wee more frequently/constantly, am I doing something wrong?

A: Not necessarily, however you may benefit from further support from the pelvic health physiotherapy team, please speak to your GP or nurse practitioner for a referral.

Pelvic Organ Prolapse

Q: What are the symptoms of pelvic organ prolapse?

A: The symptoms of pelvic organ prolapse are:

- Heaviness within vagina and/or lower abdomen
- Dragging sensation
- Visual or palpable bulge within vagina
- Pain during or after sex
- Lack of sensation during sex
- Bladder dysfunction – incomplete emptying of the bladder, urgency
- Urinary incontinence
- Constipation
- Incomplete bowel emptying

Q: Does prolapse make you feel like you want to pee all the time and when you try you can't?

A: Yes, this is common symptom of prolapse.

Q: Can pelvic physiotherapy help with pelvic organ prolapse?

A: Pelvic floor exercises can help to maintain continence, strengthen the pelvic floor, minimise risk of symptoms worsening and allow for better recovery after surgical treatment.

Q: What are pessaries and how can they help with pelvic organ prolapse?

A: Pessaries are devices made of latex or silicone that are inserted into the vagina and offer support to the walls of the vagina and pelvic organs. In Somerset, pessaries can be fitted by a Urogynaecology nurse, however there is a wait list for pessary fitting within this service. We are currently working on this pathway to improve access to pessaries for people in Somerset.

Q: Will a ring pessary work in most cases?

A: There are different types of pessaries that can be used for prolapse and it may take some trial and error to find which works for you.

Q: Does the efficiency of mesh surgery wear off over time, and do pelvic floor exercises help?

A: Efficiency of mesh surgery over time is variable due to many factors, such as weight, menopause and constipation to name a few. Pelvic floor exercises are recommended for all people once they are pain free.

Q: Are there any advancements/alternatives to using mesh in surgery?

A: Unfortunately, we cannot advise on alternatives to mesh surgery, however you can find more information at <https://www.rcog.org.uk/for-the-public/about-mesh/>

Q: Is there a link between hysterectomy and bladder prolapse?

A: The links between hysterectomy and prolapse are highly variable and dependent on the individual's background and previous medical history. You can find more information at <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/pelvic-organ-prolapse/>

Q: What is the best way to manage mental health with prolapse?

A: If you are struggling and would like help with your mental health, please contact your GP and they will be able to support you in identifying the best way to manage this, including referral into mental health services.

Q: After prolapse surgery should I avoid high impact exercise?

A: This is very much dependent on how far along you are after your surgery. We would recommend a routine of pelvic floor exercises to do after your surgery, with a gradual return to activity and exercise. This can then be progressed as you are able to include high impact exercise. If you are concerned about this or would like support, you can get a referral to pelvic health physiotherapy via your GP.

Continence

Q: What can I do to help bladder urgency?

A: As Debbie has discussed today, there are many things that you can do, such as bladder training, keeping adequate fluid intake and avoiding constipation.

Q: I am struggling with incontinence when I cough or sneeze, can pelvic floor exercises help?

A: Yes absolutely! As well as doing a routine of pelvic floor exercises, you can even add in something called “The Knack”. This is when you do a quick pelvic floor contraction just before you are about to sneeze or cough. This helps to counteract the increase in pressure on your pelvic floor and can stop any involuntary leakage.

Q: Can pelvic floor exercises help with urge incontinence?

A: Yes, building up a long-term routine of exercises can help with urgency as they help to build endurance as well as strength, helping you to reach the bathroom in time.

Q: What can I do to help manage incontinence during sex?

A: Routine pelvic floor exercises will help to maintain continence during sex. It may also help to empty your bladder prior to having sex. If this continues to be a problem, please speak to your GP or nurse as they may wish to refer you to pelvic health physiotherapy.

Q: I experience incontinence intermittently when I get out of bed, why is this?

A: This is likely due to an increase in abdominal pressure when you change from lying to sitting, which then puts pressure on your pelvic floor muscles. If they are not strong enough to counteract this, you can get intermittent incontinence. Try to build a routine of pelvic floor exercises, or even The Knack (which is a simple quick pelvic floor contraction) just before you go to sit up. If this continues to be a problem, please speak to your GP or nurse as they may wish to refer you to pelvic health physiotherapy.

Q: Can an overactive bladder be psychological as well as physical, if so, where can I get support?

A: It can be a mix of physical and psychological, and you can get the support you need. Please speak to your GP, nurse practitioner as they can provide support and refer you to pelvic health physiotherapy.

Q: Are there any treatments or procedures that can solve incontinence that don't involve having surgery?

A: The best evidence-based method is to do a long-term routine of pelvic floor exercises, which need to be adapted as you become stronger (i.e. longer hold times, more repetitions). It is also important to maintain your bladder health (managing diet, keeping hydrated, managing how often you pee), bowel health (fibre intake and managing constipation).

Q: How do I stop incontinence during sex with spinal cord problems?

A: This would require more in-depth support. If you would like to get support, please speak to your GP or nurse as they may wish to refer you to pelvic health physiotherapy.

Q: Is there anything else that can help with incontinence due to MS? Pelvic floor has helped along with mirabegrin but I'm still leaking at times and have urgency.

A: We would recommend speaking to your GP to see what other support may be available. You may also wish to have a review with a pelvic health physiotherapist to check your pelvic floor, advise on managing urgency. Please speak to your GP as they will be able to refer you to physiotherapy.

Menopause and Pelvic Health

Q: What can I do if local estrogen makes my pelvic floor feel tight?

A: Local oestrogen would not be the reason for pelvic floor tightness. You may wish to speak to your GP or nurse about this for further support.

Q: I suffer with stress incontinence and was advised this was due to the changes to the skin around the vagina and pelvic floor during menopause, I have tried oestrogen pessaries but I still get incontinence. Can I try anything else?

A: Menopausal symptoms can trigger or worsen incontinence. We would advise a regular routine of pelvic floor exercises to manage your symptoms. You may also wish to speak to your GP for a referral to pelvic health physiotherapy.

Q: Can the pelvic floor be strengthened by exercises alone, or can the impact of menopause and the changes in hormones impact this?

A: Menopause can impact the strength of the pelvic floor, but this can be managed with a routine of pelvic floor exercises.

Lifestyle

Q: Can the consumption of sugar affect the bladder and pelvic floor?

A: Yes, a high sugar intake can irritate the bladder, leading to more frequent urination and even potential for urinary tract infections, especially in people who are diabetic. As the bladder is so closely connected to pelvic floor function, having an irritable bladder will require the pelvic floor to work harder to maintain continence.

Q: Can supplements help me with incontinence?

A: There are no known supplements which will help with incontinence as this is a direct function of the pelvic floor muscles. There are supplements which are more for bladder irritability rather than incontinence itself.

Q: Does caffeine/alcohol weaken the pelvic floor or worsen urinary incontinence?

A: Whilst caffeine and alcohol do not directly affect pelvic floor function, they affect bladder and bowel function. A high caffeine and alcohol intake will contribute to bladder irritation, leading to more frequent urination, UTIs and incontinence.

Q: What medication can I take to support my pelvic health?

A: We would recommend medication only on a case-by-case basis. In most cases, routine pelvic floor exercises can help to prevent and treat most of the symptoms discussed in this webinar.

Information Links and Leaflets

<p>Pelvic Floor Exercise Leaflet https://thepogp.co.uk/_userfiles/pages/files/resources/20818_pogp_pelvicfloor_for_women_signed_off_1.pdf</p> 	
<p>Pelvic Organ Prolapse - A physiotherapy guide for women https://thepogp.co.uk/_userfiles/pages/files/resources/232207pogpprolapse.pdf</p> 	<p>Fit for Birth – Information for Pregnant Women https://thepogp.co.uk/_userfiles/pages/files/resources/23xxxx_pogpffbirth_final_1.pdf</p> 
<p>Management of Urinary Frequency, Urgency and Urge Incontinence https://thepogp.co.uk/_userfiles/pages/files/resources/23xxxx_management_of_urinary_final_june.pdf</p> 	<p>Essential Exercises and Advice After Childbirth https://thepogp.co.uk/_userfiles/pages/files/resources/241419pogpfffuture_1.pdf</p> 
<p>Fit following Surgery: Advice and Exercise Following Major Gynaecological Surgery https://thepogp.co.uk/_userfiles/pages/files/211984pogpffsurgery.pdf</p> 	<p>The Pelvic Floor Muscles - a Guide for Women who are having or have had Pelvic Radiotherapy https://thepogp.co.uk/_userfiles/pages/files/resources/21xxxx_pfm_radiotherapy.pdf</p> 
<p>Links to Lubricants and Moisturisers</p> <p>Yes Yes Yes. Natural, Certified Organic Intimacy Product Experts – YES</p> <p>Home - Hyalofemme</p> <p>www.jodivine.com</p>	<p>Dietician's webinar on constipation</p> <p>https://patientwebinars.co.uk/condition/constipation/webinars/webinar-1-constipation-advice/</p>